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The Department of Mental Health and Addiction Services A Healthcare Service Agency

John G. Rowland Governor

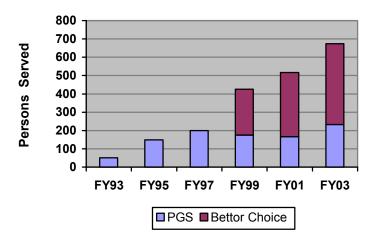
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Thomas A. Kirk, Jr., Ph.D. Commissioner

Problem Gambling: There's Help and Hope

DMHAS Problem Gambling Services (PGS) has made great strides in addressing problem gambling. During the past five years PGS has developed a system of *Bettor Choice* programs that offer problem-gambling-specific treatment at 17 outpatient sites across Connecticut. In addition, PGS has also funded a pilot brief-treatment residential program at Mid-western CT Council on Alcoholism's McDonough House in Danbury. The increased availability of services has meant that more problem gamblers and family members are being helped than ever before. More than 650 persons received services during the past year, up from about 60 per year in 1993.

While the typical person served by PGS is a caucasian male, nearly forty percent are women. The latter usually started gambling later in life, thus are slightly older than the 42 years of the average male in care. Many persons receiving services from PGS have histories of treatment for mental illness and/or substance use disorders. About 44 percent had previously received outpatient mental health services and nearly one third have had substance abuse treatment at some point in their lives.



While PGS clients have high rates of use of other behavioral health services, it is also true that mental health and addiction clients have significant rates of disordered gambling. Rates of pathological gambling in treatment settings range from 10 to 15 percent. For less severe but significant gambling problems the rates are similar. Combined, these rates approach 20 to 30 percent of all behavioral health clients.

Problem gambling treatment professionals have warned that any gambling participation, even at non-problem levels, may have negative consequences for individuals in recovery. Gambling produces a "high" that may both distract from the hard work of getting better, and make it possible to avoid rather than face problems.

The implications for treatment out-comes have not been sufficiently researched, although one recent Canadian study found that pathological gamblers in substance abuse treatment were more likely to use drugs and more likely to drop out.

In order to address problem gambling and its consequences among clients and consumers of DMHAS funded programs, we are asking that all providers:

- screen for problem gambling.
- develop a basic knowledge of problem gambling and its effects on treatment success and recovery.
- identify and train a problem gambling specialist.
- include problem gambling components in all relevant prevention efforts.